

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

## 2. RECIPIENT ORGANIZATION

Name : Department of Ecology

Number and Street : Attn: Fiscal Office  
Mail Stop PV-11

City, State and ZIP Code: Olympia, WA 98504

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

(b) (4)

3. Federal sponsoring agency and organizational element to which this report is submitted

Environmental Protection Agency

4. Federal grant or other identification number  
V000282-01

5. Recipient's account number or identifying number  
0226

6. Letter of credit number  
68-13-1004

7. Last payment voucher number  
115

Give total number for this period

8. Payment Vouchers credited to your account  
Twenty-eight

9. Treasury checks received (whether or not deposited)

## 10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

04-01-87

TO (month, day, year)

06-30-87

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	\$ < 9,903.10 >
b. Letter of credit withdrawals	9,903.10
c. Treasury check payments	-0-
d. Total receipts (Sum of lines b and c)	9,903.10
e. Total cash available (Sum of lines a and d)	-0-
f. Gross disbursements	15,523.04
g. Federal share of program income	-0-
h. Net disbursements (Line f minus line g)	15,523.04
i. Adjustments of prior periods	
j. Cash on hand end of period	\$ < 15,523.04 >

## 12. THE AMOUNT SHOWN ON LINE 11J, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$
b. Advances to subgrantees or subcontractors	\$

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

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## 15.

### CERTIFICATION

### GRANTS ADMINISTRATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

Patty Carlton

DATE REPORT SUBMITTED

7-28-87

TYPED OR PRINTED NAME AND TITLE

Patty Carlton, Fiscal Officer

TELEPHONE

(Area Code)  
206

(Number)

459-6211

(Extension)

THIS SPACE FOR AGENCY USE

USEPA SF



1414718

# FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED

Environmental Protection Agency

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER

V000282-01

OMB Approved  
No. 80-RO180

PAGE 2 OF 2 PAGES

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)

Department of Ecology  
Attn: Fiscal Office  
Mail Stop PV-11  
Olympia, WA 98504

4. EMPLOYER IDENTIFICATION NUMBER

(b) (4)

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

0226

6. FINAL REPORT

☐ YES ☒ NO

7. BASIS

☐ CASH ☒ ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)

FROM (Month, day, year)

05-01-84

TO (Month, day, year)

06-30-87

9. PERIOD COVERED BY THIS REPORT

FROM (Month, day, year)

04-01-87

TO (Month, day, year)

06-30-87

## STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ▶

(a) DSHS Match

(b)

(c)

(d)

(e)

(f)

TOTAL  
(g)

a. Net outlays previously reported

\$ 1,135,362.35

\$

\$

\$

\$

\$

\$ 1,839,641.85

b. Total outlays this report period

-0-

55,439.43

c. Less: Program income credits

-0-

-0-

d. Net outlays this report period  
(Line b minus line c)

-0-

55,439.43

e. Net outlays to date  
(Line a plus line d)

1,135,362.35

1,895,081.28

f. Less: Non-Federal share of outlays

1,364,458.52

g. Total Federal share of outlays  
(Line e minus line f)

530,622.76

h. Total unliquidated obligations

i. Less: Non-Federal share of unliquidated obligations shown on line h

j. Federal share of unliquidated obligations

k. Total Federal share of outlays and unliquidated obligations

530,622.76

l. Total cumulative amount of Federal funds authorized

GRANTS ADMINISTRATION

560,000.00

m. Unobligated balance of Federal funds

29,377.24

11. INDIRECT EXPENSE

a. TYPE OF RATE

(Place "X" in appropriate box)

☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE

.4856

c. BASE

8,302.02

d. TOTAL AMOUNT

e. FEDERAL SHARE

.4637 .4820

13,600.15

11,040.84

15,752.28

13. CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Patty Carlton

TYPED OR PRINTED NAME AND TITLE

Patty Carlton, Fiscal Officer

DATE REPORT SUBMITTED

7-28-87

TELEPHONE (Area code, number and extension)

(206) 459-6211

12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

# FINANCIAL STATUS REPORT

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5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

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6. FINAL REPORT

☐ YES ☒ NO

7. BASIS

☐ CASH ☒ ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)

FROM (Month, day, year)

05-01-84

TO (Month, day, year)

06-30-87

9. PERIOD COVERED BY THIS REPORT

FROM (Month, day, year)

04-01-87

TO (Month, day, year)

06-30-87

10.

## STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) Salaries	(b) Cons Services	(c) Goods/Services	(d) Travel	(e) Benefits	(f) Indirect	TOTAL (g)
a. Net outlays previously reported	\$ 31,626.51	\$ 643,783.19	\$ 613.48	\$ 5,932.05	\$ 7,302.95	\$ 15,021.32	\$
b. Total outlays this report period	1,516.50	52,123.71	18.28	696.57	353.41	730.96	
c. Less: Program income credits	-0-	-0-	-0-	-0-	-0-	-0-	
d. Net outlays this report period (Line b minus line c)	1,516.50	52,123.71	18.28	696.57	353.41	730.96	
e. Net outlays to date (Line a plus line d)	33,143.01	695,906.90	631.76	6,628.62	7,656.36	15,752.28	
f. Less: Non-Federal share of outlays							
g. Total Federal share of outlays (Line e minus line f)							
h. Total unliquidated obligations							
i. Less: Non-Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

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GRANTS ADMINISTRATION

11. INDIRECT EXPENSE

a. TYPE OF RATE

(Place "X" in appropriate box)

☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE

c. BASE

d. TOTAL AMOUNT

e. FEDERAL SHARE

13. CERTIFICATION

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